CONTRACT



And:

Healthy Hidalgo County 612 W Nolana Ste 415 McAllen, TX 78504

	Contract / Re	vision		Alt Order #	
	641090	1			
Product		······································			
Proposition One Rev					
Contract Dates	Estimate #	***************************************			
10/10/16 - 11/11/16	P.A.C.				
Advertiser			Ori	ginal Date	/ Revision
Healthy Hidalgo County	i.		1	0/07/16	/ 10/07/16
	Billing Cycle	Billing	Cal	<u>endar</u>	Cash/Trade
	ЕОМ	Calend	ar		Cash
	Property	Account Executive		xecutive	Sales Office
	KGBT	House Hou		use-Harling	Local-Harlingen
	Special Hand	ling			
	Demographic	····		retrieventum en	
	Adults 25-54				
			-		Total Ratings
					142.80
	Agy Code	Advert	ser	Code	Product 1/2
	Agency Ref	<u> </u>		Advertiser	Ref
	90033			67362	

*Line Ch Start I	Date End Da	até Descriptio	on:	Start/End Time	Days	Spots/ Length Week	Rate Rtn	TypeS	nots	Amount
N 1 KGBT 10/11/				5a-7a		:30		NM	20	\$1,000.00
Start Date	End Date	Weekdays	Spots/Week	Rate	Rating	.00		(AIAI	,20.	41,000,00
Week: 10/10/16	10/16/16	-TWTF	5	\$50.00	1.80					
Week: 10/17/16	10/23/16	MTWTF	5	\$50.00	1.80					
Week: 10/24/16	10/30/16	MTWTF	-5	\$50.00	1.80					
Week: 10/31/16	11/06/16	MTWTF	5	\$50.00	1.80					
N 2 KGBT 10/23/		•	ay Morning	8a-930a		:30		NM	3	\$300.00
Start Date	End Date	Weekdays	Spots/Week	Rate	Rating			1		
Week: 10/17/16	10/23/16	S	1	\$100.00	0.00			1		
Week: 10/24/16	10/30/16	S	1	\$100.00	0.00					
Week: 10/31/16	11/06/16	S	1	\$100.00	0.00					
N 3 KGBT 10/11/		6 M-F Action	4 News At 5p	458p-530pm	* *	:30		NM	10	\$1,000.00
Start Date	End Date	<u>Weekdays</u>	Spots/Week	Rate	Rating					
Week: 10/10/16	10/16/16	-TWTF	2	\$100.00	2.40			- 1		
Week: 10/17/16	10/23/16	MTWTF	2	\$100.00	2.40			I.		
Week: 10/24/16	10/30/16	MTWTF	2	\$100.00	2.40			1		
Week: 10/31/16	11/06/16	MTWTF	2	\$100.00	2.40			1		
Week: 11/07/16	11/13/16	MT	2	\$100.00	2.40					
N 4 KGBT 10/11/		6 M-F Action	4 News At 6pm	6p-630pm		:30		NM	6	\$2,100.00
Start Date	End Date	<u>Weekdays</u>	Spots/Week	Rate	Rating					
Week: 10/10/16	10/16/16	-TWTF	1	\$350.00	3.40			I		
Week: 10/17/16	10/23/16	MTWTF	1	\$350.00	3.40			1		
Week: 10/24/16	10/30/16	MTWTF	1	\$350.00	3.40			- 1		
Week: 10/31/16	11/06/16	MTWTF	2	\$350.00	3.40					
Week: 11/07/16	11/13/16	MT	1	\$350.00	3.40					
N 5 KGBT 11/06/	16 11/06/1	6 Sun Prime	A	6p-7pm		:30		NM	1	\$600,00
Start Date	End Date	Weekdays	Spots/Week	Rate	Rating			1		
Week: 10/31/16	11/06/16	S	1	\$600.00	0.00					
N 6 KGBT 10/11/		6 Mon-Fri 4	News 10p	10p-1035p		:30		NM	13	\$5,525.00
Start Date	End Date	<u>Weekdays</u>	Spots/Week	Rate	Rating					
Week: 10/10/16	10/16/16	-TWTF	3	\$425.00	4.80			I		
Week: 10/17/16	10/23/16	MTWTF	3	\$425.00	4.80			1		
Week: 10/24/16	10/30/16	MTWTF	3	\$425.00	4.80					
Week: 10/31/16	11/06/16	MTWTF	2	\$425.00	4.80			1		

(* Line Transactions: N = New, E = Edited, D = Deleted)

Net 30-Payment is due within 30 days from invoice date. Station owned or provided services by the Sinclair Broadcast Group.



	Contract / Revision 641090 /	Alt Order #
Contract Dates 10/10/16 - 11/11/16	Product Proposition One Rev	Estimate # P.A.C.
Advertiser Healthy Hidalgo Coun	1 ····	ginal Date / Revision 0/07/16 / 10/07/16

*Line	Ch S	tart I	Date End Da	ate Description)	Start/End Time	Days	Spots/ Length Week	Rate Rtn	Type Spots	Amount
Week	Start E 11/07/		End Date 11/13/16	Weekdays M	Spots/Week 2	<u>Rate</u> \$425.00	Rating 4.80				
						7.2. j. 14	Totals	142.80		53)(\$10,525.00

Time Period	# of Spots	Gross Amount	Agency Comm.	Net Amount
10/01/16 -10/31/16	36	\$6,475.00	(\$971.25)	\$5,503.75
11/01/16 -11/30/16	17	\$4,050.00	(\$607.50)	\$3,442.50
Totals	53	\$10,525.00	(\$1,578.75)	\$8,946.25

Signature:	Cathy Lyps	Date: 10-11-10	
The parties i	ntend for the Standard Advertiser	Terms and Conditions ("Terms") located athttp://sbgi.net/?p=1224	to be part of

their agreement, and the sale of advertising is expressly subject to said Terms.

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Proposition One Rev

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Client: N/A Primary Demo: Adults 25-54

Buyer: Head Hand Hold on Colon to 9201 W. Expressway 83

Flight Dates: 10/10/2016 to 11/7/2016 Phone: 956-588-6760 Contact: Nora Cano

2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Product: N/A P.A.C.	Harlingen, TX 78552	Fax: 550-500-6700 Fax: Email: ncano@chestv.com	
A STATE OF THE STA	COST Oc No		Total	A 25-54
Daypart Dur	10 17 24 31 7		Spots	RTG/CPP
Harlingen Nov16 Proj KGBT-TV	Harlingen Nov16 Proj. (Nov15 HUT, Feb16 SHR) DMA Rentrak Live Only KGBT-TV	e Only		
M-F 5a-7a 30	\$50 5 5 5 5 0		20	1.8
CBS 4 News Sunrise @	ノ			\$28
Su 8:30a 30	\$100 0 0 15 1		ω	2.5
CBS News Sunday Morning				\$40
M-F 5p 30	\$100 2 2 2 2 2	10/11 - 11/X	10	\$ 2.4 2.4
M	#3500 at at at at at		n.	ی ک
News at 6p				\$103
Su 6p 30	\$600 0 0 0 1 0		<u>``</u>	18.6
CBS 60 MINS	· ·			\$32
M-F 10p 30 CBS 4 News at 10pm<	\$425 3 3 3 2 2 7 1/7) 13	4.8 \$89
	Total Spots: 11 11 12 13 6 Total GRP:		(S)	168.9
Total COST: (S	\$8,946		Total CPP/CPM:	\$62 \$53
			Total Reach: Total Freq; Total Net Reach (000): Harlingen Pop (000):	36.0% 4.7 88 243

Signature:

<u>FORM F</u>

ORDER INFORMATION FOR POLITICAL ISSUE ADVERTISING

	Station: CBS 4-KGBT	Location: W. Exp. 83 Harlingen, TX 78	Date: 3552 10-7-16
	1, Josh Reyne	for Healthy,	HADAGO County P.A.C
	hereby request to purchase adverti	sing time on the station to express a	view relating to the following issue:
	Prop		And the second s
	I was a second of the second o		and the second s
	**************************************	una sua suore suo suo suominin sieren menta antista antista en esta en esta en esta en esta esta esta esta est	
	I certify that this advertising:		· · · · · · · · · · · · · · · · · · ·
	[Check one] Will Will Not		
	communicate a message "relating t	o any political matter of national im lidate for federal office, any election	portance," including, but not limited to a n for a federal office, or a national legislative
	I hereby certify that the true identification advertising will be provided is:	ry of the person or entity by whom a	or on whose behalf payment for this
age control	Payor Name: Healthy Hidalgo Connty P. A.C.	Address (include e-mail): 612 W · Nolara Ste · 415 MCA Hen TX 7-8504	Contact Name and Phone Number: Dr. Bink: Carderas - Josh Reyna
Ireasuper	Dr. Bambli Cardinas Thereby certify that the following is Committee Members of the purcha		tive Officers, Directors, or Executive
	Name of Chief Executive Officers, Directors and/or Executive Committee Members of Payor	Position	Address
	De Bambi Cardenas	Treasurer	612 W. Nolam , 5 to 4/15 Mc Allen, TX 78504

I certify that all edvertising purchased pursuant to this order will contain sponsorship identification consistent with all laws, and the station is hereby authorized to edit or reject any advertising broadcast pursuant hereby authorized to edit or reject any advertising broadcast pursuant hereby authorized to edit or reject any advertising broadcast pursuant hereby authorized to edit or reject any advertising broadcast pursuant hereby authorized to edit or reject any advertising broadcast pursuant hereby authorized to edit or reject any advertising broadcast pursuant hereby authorized to edit or reject any advertising broadcast pursuant hereby authorized to edit or reject any advertising broadcast pursuant hereby authorized to edit or reject any advertising broadcast pursuant hereby authorized to edit or reject any advertising broadcast pursuant hereby authorized to edit or reject any advertising broadcast pursuant hereby authorized to edit or reject any advertising broadcast pursuant hereby authorized to edit or reject any advertising broadcast pursuant hereby authorized to edit or reject any advertising broadcast pursuant hereby according to the properties of the research and the research an

Leartify that the advertising purchased pursuant to this request contains no untrue statement of fact and will not contain any false. Belows, slanderous, or defamatory material addressed to any individual or identifiable group. I hereby certify that the sponsoring organization has all rights necessary to use all materials included in the advertising provided under this agreement. Tagree to indemnify and hold harmless stations, its owners, employees and agents from any damage, loss or liability which might result from or be related to the involution of the advertising requested herein. I am aware that, should the station receive a complaint alleging the material contained in the advertising is libelous, slanderous or might otherwise impose any liability on the station; the station has course the advertising while investigating such complaint, and the station say, in assole discretion, afact not to run the entire schedule of advertising, in which case the station will refund to the sponsoring organization a pro rata share of the contract price reflecting those spots not aired. If agric to conferrate in providing any documentation necessary for claims made in the advertising, and agree to hold the station harmless for any lost, the sponsoring organization may suffer should the complete advertising schemile not be aired on the station.

Lam ware that a copy of this Order Form may be placed in the station's political file for authorizing wition.

This station does not discriminate or permit discrimination on the basis of race or ethnicity in the ofacement of advectising.

Date: 10/7/16

Signature: 9056 | Address: 6/6 W. Nolone 54e. 4/5. McAN
Phone Number: 956-605- 5905

Accepted in Part (Confirmation Attached) Rejected

Date: 14/3/16 Signature: (Confirmation Attached)

Authorized Station Representative

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FORM F (continued)

Political Issue Advertising Request

Schedule of Requested Advertising [To be completed by Advertiser]

Time Period or Program in Which Spot Will Air	Length of Spot	Dates on Which Spots Will Aun	Class of Spot	Number of Spots per Day	Rate per Spot	Total Spots to 8e Aired
CBS 4 Sunrise News	:30	10/10/16-			\$50	20
CBS News Sunday Morning	130	10/23-		Tomorous delivery of memory at a page	\$ [DD	3
CBS 4 News@ Spm.	:30	10/11 -		1	9 100	10_
CBS 4 News @	:30	10/11-	and an interest of the second		\$350	6
CBS Lo-Minutes	:30	11/6			\$ 600)
CB54 News@ 10pm	:30	10/11-			\$ 425	(3
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[NOTE: USE SEPARATE LINES OR SHEETS FOR EACH DIFFERENT CLASS OF TIME PURCHASED BY A CANDIDATE].

FORIVI F (continued)

Political Issue Advertising Order

Confirmed Schedule [To be completed by Station]

Time Period or Program in Which Spots Will Air	Length of Spot	Dates on Which Spots Will Air	Class of Spot	Number of Spots per Day	Rate per Spot	Total Spots Aired
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[NOTE: USE SEPARATE LINES OR SHEETS FOR EACH DIFFERENT CLASS OF TIME PURCHASED BY A CANDIDATE].

After Airing of Broadcasts:

Attach invoices or Schedule Run Summary to this Form showing:

- 1) actual air time and charges for each spot;
- 2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- 3) the amount of rebates given (identify exact date, time, class of spot and dollar amount for each rebate), if any.

*2014 Pilisbury Winthrop Shaw Piliman LLP